LETTER TO THE EDITOR

LETTER RE: WINTER 2008 EDITORIAL, ''PLANTAR FASCIITIS: WHAT'S AN EVIDENCE-INFORMED CONSUMER TO DO?''

June 24, 2008
Dear Dr. Harris:

Your editorial entitled ''Plantar Fasciitis: What's an Evidence-Informed Consumer To Do?''[1] is a suitable companion piece to your controversial 2005 editorial.[2] It was intended to demonstrate to clinicians how to conduct research using widely available Internet tools. What is interesting is that your self-styled plantar fasciitis treatment program *does not actually include any physiotherapy*. Beyond perhaps one session for a therapist to diagnose the problem, show you stretches, and send you to the pharmacy for your orthotics, your recommendation to an ''evidence-informed consumer'' is to deal with the problem independently. This is remarkable, to say the least, coming from the chief editor of our national journal.

Your recommendation may preserve your integrity in a purely research-oriented sphere, Dr. Harris, but have you thought of the implications of this? What you have stated is, in effect, that what I and fellow clinicians are doing is insufficiently researched, so therefore not worthy of your time. Are you intending to produce a regular feature in *Physiotherapy Canada*, in which you conduct your searches, and conclude that taking medication, reducing activity, and doing a home stretch or two for a gamut of musculoskeletal disorders is a ''smart choice'' for the health care consumer? If government agencies, third-party insurers, and consumers follow your direction, and do not pay for or attend treatment because literature searches do not reveal randomized controlled trials and strong evidence of efficacy, how would this affect our profession?

Please understand: I am not an opponent of evidence-based practice (EBP). I understand the need for studies supporting our management of orthopaedic conditions, and ones that suggest improvements to practice and directions for future care. Your citations of studies about fascia-specific stretching and orthotics are well taken. There are definite limitations to EBP, however, and I think you should reread Eric Baker's excellent response[3] to your previous contentious editorial about EBP[1] – you appear to have forgotten some of the thoughtful points he made.

All the best in your recovery! I sincerely hope you do not end up in the same situation as so many of my clients over the years, who have followed the same prescription of anti-inflammatories and reduced activity. They present in the clinic at 3 or 4 months post–flare up, with sore stomachs to go along with the sore heels, courtesy of the medication that has not really worked, frustrated at their lack of progress. I tell them to stretch, to wear their orthotics, advise them of the biomechanical problems they had before or have developed from limping around, and recommend the ultrasound that will almost certainly help. A great majority of them do find benefit. Perhaps your scientific rigour will relax if you end up in their situation and discover your heel pain has not heeded the evidence and now your treatment options are few. My card is enclosed – first treatment on the house.

Kevin Boyd, BA, BScPT, FCAMT
727 Fairbrother Ave.
Saskatoon, SK

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RESPONSE FROM EDITOR-IN-CHIEF

Ironically, I had just completed writing the editorial that appears in this issue[1] several days before receiving the foregoing letter to the editor from Mr. Boyd. I do hope he is pleased that I eventually ''saw the light'' and consulted a physiotherapist expert in musculoskeletal conditions for my chronic plantar fasciitis. And I would like to thank him for offering me a free treatment, although it is a long drive from Vancouver to Saskatoon!

At least one of Mr. Boyd's points is well taken. In hindsight, I should have consulted a physiotherapist with specific musculoskeletal expertise rather than trying to come up with my own, evidence-based treatments, which, as you will read, failed miserably. I certainly did not intend to forego the benefits of my own profession, as was implied in the earlier editorial on plantar fasciitis.[2]

However, because Mr. Boyd is a proponent of evidence-based practice (as am I), I would like to comment on one of the interventions that he uses with his own clients, that is, ''the ultrasound that will almost certainly help.'' According to the most recent (2003) Cochrane systematic review on this topic, ''there was no evidence to support the use of therapeutic ultrasound.''[3] The lack of effectiveness of ultrasound was further corroborated by a

2006 narrative review of randomized controlled trials of conservative therapy for plantar fasciitis.[4] Interestingly, there is no mention of therapeutic ultrasound in the most recently published practice guidelines, perhaps because of its limited efficacy. However, iontophoresis of dexamethasone or acetic acid as a physical therapy modality was found to be beneficial in providing short-term improvement of function and pain relief.[5]

In his letter, Mr. Boyd also suggests that anti-inflammatory medications for the treatment of plantar fasciitis will lead to ''sore stomachs'' rather than pain relief. Although non-steroidal anti-inflammatory medications (NSAID) have not been studied in isolation,[5] a recent randomized controlled trial suggested that patients with plantar fasciitis who received NSAID (in addition to rest, ice, massage, and stretching of the Achilles tendon and plantar fascia) had greater pain relief and decreased disability compared to the group that did not receive the NSAID in combination with the other treatments.[6]

In contrast, the research literature supports Mr. Boyd's recommendation to use orthoses in the treatment of plantar fasciitis and substantiates that prefabricated orthoses are just as effective as custom-made orthoses in providing short-term (3 months) pain relief and improved function.[5]

Although, as a paediatric physiotherapist, I do not treat patients with plantar fasciitis, I now believe that I have reviewed more evidence-based information about this condition than most physiotherapists who do!

I would encourage readers like Mr. Boyd, who believe that therapeutic ultrasound is effective for their patients with plantar fasciitis, to conduct and publish case reports to substantiate these beliefs,[7] as the current evidence would suggest otherwise. Well-designed and systematically conducted case reports[8] that contradict the current body of evidence would be most welcome for peer review and possible publication in *Physiotherapy Canada*!

Susan R. Harris
Editor-in-Chief
Physiotherapy Canada

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